

Application Data Sheet

Application Information

Application Number::

Filing Date::

Application Type:: Regular

Subject Matter:: Utility

Suggested Classification::

Suggested Group Art Unit::

CD-ROM or CD-R?:

Number of CD Disks::

Number of Copies of CDs::

Sequence Submission::

Computer Readable Form (CRF)?:

Number of Copies of CRF::

Title:: FERTILITY IMPAIRING VACCINE
CONTAINING AVIAN ZONA PELLUCIDA
PROTEIN AND METHOD OF USE

Attorney Docket Number:: 235.00310101

Request for Early Publication?: No

Request for Non-Publication?: No

Suggested Drawing Figure::

Total Drawing Sheets:: 0

Small Entity?: Yes

Latin Name::

Variety Denomination Name::

Petition Included?: No

Petition Type::

Licensed US Govt. Agency:: No

Contract or Grant Numbers::

Secrecy Order in Parent Appl.?: No

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: UK
Status:: Full Capacity
Given Name:: Richard
Middle Name::
Family Name:: Fayrer-Hosken
Name Suffix::
City of Residence:: Winterville
State or Province of Residence:: Georgia
Country of Residence:: US
Street of Mailing Address:: P.O. Box 27
City of Mailing Address:: Winterville
State or Province of Mailing Address:: Georgia
Country of Mailing Address:: US
Postal or Zip Code of Mailing Address:: 30683

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Branson
Middle Name:: W
Family Name:: Ritchie
Name Suffix::
City of Residence:: Athens
State or Province of Residence:: Georgia
Country of Residence:: US
Street of Mailing Address:: 1080 Barnett Place
City of Mailing Address:: Athens
State or Province of Mailing Address:: Georgia
Country of Mailing Address:: US
Postal or Zip Code of Mailing Address:: 30605

Correspondence Information

Correspondence Customer Number:: 26813

Name Line One:: Victoria A. Sandberg

Street of Mailing Address:: P.O. Box 581415

City of Mailing Address:: Minneapolis

State or Province of Mailing Address:: Minnesota

Country of Mailing Address:: USA

Postal or Zip Code of Mailing Address:: 55458-1415

Phone Number:: (612) 305-1220

Fax Number:: (612) 305-1228

E-Mail Address::

Representative Information

Representative Customer Number::	26813	
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OR

Representative Designation::	Registration Number::	Representative Name::

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	National Stage of	PCT/US00/18051	06/30/00
PCT/US00/18051	Non-Provisional of	60/141,929	07/01/99
PCT/US00/18051	Non-Provisional of	60/162,984	11/02/99

Foreign Priority Information

Country::	Application Number::	Filing Date::	Priority Claimed::

Assignee Information

Assignee Name::

Street of Mailing Address::

City of Mailing Address::

State or Province of Mailing Address::

Country of Mailing Address::

Postal or Zip Code of Mailing Address::